

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006153

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 123

Primary Registration District No. 3022

Registrar's No. 25

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY HARRISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY HARRISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) BETHANY		c. CITY OR TOWN HATFIELD	
Length of stay in lb 2 DAYS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) NOLL Memorial Hosp		d. STREET ADDRESS (If outside, give location) 3 miles NE of HATFIELD	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MINNIE PEARL BAKER		4. DATE OF DEATH Month MARCH Day 4 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-19-1881
9. AGE (last birthday) 81	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Indiana
12. CITIZEN OF WHAT COUNTRY U.S.		13. NAME OF HUSBAND OR WIFE ARTHUR BAKER	
13a. FATHER'S NAME BON EVERLY		13b. MOTHER'S MAIDEN NAME MARGARET ANN UNKNOWN	
14. NAME OF HUSBAND OR WIFE RUBIN T. TULL-DOC		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) No	
16. INFORMANT Willie Tull, Hatfield, Mo.		17. ADDRESS Willie Tull, Hatfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Hypostatic. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 3 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 11:00 a.m. 11:00 p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION HATFIELD		COUNTY HARRISON STATE MO	
21. I attended the deceased from 4-1-50 to March 4-63 and last saw her alive on March 4, 1963 Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) Miriam Pearl Baker	
22b. ADDRESS Bethany Mo		22c. DATE SIGNED March 4, 1963	
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-6-1963	
23c. NAME OF CEMETERY OR CREMATORY Payne Cemetery		23d. LOCATION (City, town, or county) HARRISON Co, Mo	
24. FUNERAL DIRECTOR Gerald W. Burgess, Fayetteville, Mo		25. DATE RECD. BY LOCAL REG. 3-6-1963	
26. REGISTRAR'S SIGNATURE Gella Massey			

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Herald W. Biggers*

Licensed Embalmer No. 4762

P. O. Address *Eagleville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.